FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

JAN 2 4 2005

RECEIVED

POS NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
PNIFORM LIMITED OFFERING EXEMPTION

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	Prefix	ı	Serial
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Name of Offering (\square check if this is an amendment and name has changed, and indicate change.)	PROCESCEN
Sale of Series B Preferred Stock	PROCESSED
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6)	ULOE LAN 7 8 8000
Type of Filing: ☐ New Filing ☐ Amendment	□ ULOE JAN 2 6 2005 €
A. BASIC IDENTIFICATION DATA	IHCINSUN
Enter the information requested about the issuer	FINANCIAL
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	MANUAL
Vindicia, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2755 Campus Drive, Suite 240, San Mateo, CA 94403	650.522.4480
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Real-time risk assessment chargeback recovery services	
Type of Business Organization	
☑ corporation ☐ limited partnership, already formed ☐ other (please spec	cify):
□ business trust □ limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 1	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	2 :
CN for Canada; FN for other foreign jurisdiction)	DE

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and r 	nanaging partner	of partnership issuers.			
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	ĭ Director	☐ General and/or Managing Partner
Full Name (Last name first, Hoffman, Jr., Gene	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Elrod, Mark	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Thomas, Brett	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Jadallah, Charles	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Elgamal, Taher	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Symantec Corporation	if individual)				
Business or Residence Addr 20330 Stevens Creek Blvd.,			Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Gonzales, Eric	if individual)				
Business or Residence Addr 2755 Campus Drive, Suite 24			Code)		
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2(a) of 8

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and a	managing partner	of partnership issuers.		0 01	
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Doll Capital Management as	,				
Business or Residence Addr		d Street, City, State, Zip	Code)		
2420 Sand Hill Road, Suite					
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		•		
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				8 8
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
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					B. II	NFORM	ATION A	BOUT O	FFERIN	G				
			,										Yes	No
1. H	as the iss	uer sold	or does	he issuer	intend to	sell, to no	n-accredit	ed investo	rs in this	offering?.				\boxtimes
					• •			under UL	OE.					
2. V	Vhat is th	e minim	um inves	tment that	will be a	ccepted fr	om any in	dividual?					\$	
2 0	41	cc:		. 4	e								Yes	No
			•		=	-						ly, any commission	X	
o li o	r similar sted is ar f the bro	remuner associa ker or de	ration for ted perso caler. If r	solicitation n or agent nore than	on of purc of a brok	hasers in er or deal ersons to	connection er register	n with sal	es of secu ie SEC an	rities in tl d/or with	he offering a state or	g. If a person to be states, list the name or dealer, you may		
Full Nam	e (Last n	ame first	, if individ	lual)			······································					# . #****		
Duciness	or Pasid	ance Add	race (Nun	har and S	treet, City,	State Zin	Code)			· · · · · · · · · · · · · · · · · · ·				
Dusiness	OI IXESIG	clice Add	iess (ivuii	idei alid S	neet, City,	, State, Zip	Code							
Name of	Associate	ed Broke	r or Deale	r										
States in	Which Po	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Checi	k "All Sta	ntes" or c	heck indiv	idual State	es)	,	*************		*************		*************		□ All	States
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Full Nam	ie (Last n	ame first	, if individ	lual)										
Rusiness	or Reside	ence Add	ress (Nun	her and S	treet, City,	State Zir	Code)							
Business	or resid	J.1.00 7 1GG	1000 (1141)	ioer una o	iiooi, Oity,	, oute, emp	, code,							
Name of	Associate	ed Broke	r or Deale	r							*			
States in	Which Pe	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers					U		
(Checl	z "Δ11 Sts	ites" or c	heck indix	ridual State	ec)							!	Π Δ1 1	States
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[IL]	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
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Full Nam	ie (Last n	ame first	if individ	lual)										
Business	or Reside	ence Add	ress (Nun	ber and S	treet, City,	State, Zip	Code)							
					_									
Name of	Associate	ed Broke	r or Deale	r										
States in	Which Po	erson Lis	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Checl	k "All Sta	ates" or c	heck indiv	idual State	es)								□ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ \$
	Equity	\$ 3,500,000.00	\$ 3,500,000.00
	☐ Common ⊠ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	_ \$
	Other (Specify))	\$	_ \$
	Total	\$_3,500,000.00	\$_3,500,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ 3,500,000.00
	Non-accredited Investors		_ \$
	Total (for filings under Rule 504 only)		_ S
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		- - \$
	Rule 504		\$
	Total		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	X	\$ 45,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$_45,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSI	ES AN	D USE OF PROCI	EEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - total expenses furnished in response to Part C - Question 4.a. This difference is the "proceeds to the issuer."	adjuste	ed gross		\$ <u>3,455,000.00</u>
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish an estir the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Question 4.b above.	nate an	d check		
			Payments to Officers, Directors & Affiliates		Payments to Others
	Salaries and fees		\$	🗆	\$
	Purchase of real estate		\$	_ o	\$
	Purchase, rental or leasing and installation of machinery and equipment		\$	_ 🗆	\$
	Construction or leasing of plant buildings and facilities		\$	_ □	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	_ 🗆	\$
	Repayment of indebtedness		\$	_ □	\$
	Working capital		\$	_ 🗵	\$ 3,455,000.00
	Other (specify):	_ 🗆	\$	_ 0	\$
		- 🗆	\$		\$
	Column Totals		\$	_ 🗵	\$ 3,455,000.00
	Total Payments Listed (column totals added)		× \$3	3,455,000	0.00
_	D. FEDERAL SIGNATURE		******		
si	ne issuer has duly caused this notice to be signed by the undersigned duly authorized per gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exc formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	hange	Commission, upon	under R written r	tule 505, the following request of its staff, t
	suer (Print or Type) indicia, Inc. Signature			Date Januar	ry 21, 2005
	ame of Signer (Print or Type) Title of Signer (Print or Type) ene Hoffman, Jr. Chief Executive Officer			•	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)